

SERFF Tracking #: LWCM-126671549 State Tracking #:

Company Tracking #: CM-UMF-CW-004-10

EXHIBIT I

1

State: New Hampshire Filing Company: Liberty Insurance Corporation
TOI/Sub-TOI: 17.0 Other Liability-Occ/Claims Made/17.0020 Commercial Umbrella and Excess
Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

General Information

Project Name: Submission of New Commercial Umbrella Product Status of Filing in Domicile:
Project Number: CM-UMF-CW-004-10 Domicile Status Comments:
Reference Organization: Reference Number:
Reference Title: Advisory Org. Circular:
Filing Status Changed: 11/15/2010
State Status Changed: 11/15/2010 Deemer Date:
Created By: Michelle Skidmore Submitted By: Michelle Skidmore
Corresponding Filing Tracking Number: CM-UMR-CW-002-10

Filing Description:
Project #CM-UMF-CW-004-10

LIBERTY INSURANCE CORPORATION – 11142404

RE: COMMERCIAL UMBRELLA

Requested Effective Date: 11/01/2010

We are filing for your review and approval the forms for our new Commercial Umbrella Product for the above noted company. We ask for your approval of this product with an effective date of 11/01/2010.

For your reference, please note that the corresponding rating for this product is filed accordingly under our project #CM-UMR-CW-002-10.

Please let me know if you should have any questions or concerns.

Your acknowledgement/approval of this submission is appreciated.

Sincerely,

Michelle Skidmore
State Filings Analyst
PO Box 8070
Wausau WI 54402-8070
1-877-792-8728 Ext 3203
Fax: 1-715-842-6828
Michelle.skidmore@libertymutual.com

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EXHIBIT I

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State: New Hampshire **Filing Company:** Liberty Insurance Corporation
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Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

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User Usage Agreement

Attachments

Usage Agreement [Usage Agreement.pdf](#)

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Commercial Liability - Umbrella Declarations	LCU 00 02 11 10	LCU 00 02 11 10.pdf	
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Employee Benefits Liability Coverage Limitation	LCU 04 04 11 10	LCU 04 04 11 10.pdf	
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State: New Hampshire **Filing Company:** Liberty Insurance Corporation
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Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

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Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

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Genetically Modified Organism Exclusion	LCU 21 44 11 10	LCU 21 44 11 10.pdf
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Residential Construction Operations Exclusion	LCU 21 50 11 10	LCU 21 50 11 10.pdf

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Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

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Electronic Data Processing Services and Computer Consulting or Programming Services Professional Liability Exclusion	LCU 21 59 11 10	LCU 21 59 11 10.pdf
Telecommunications Equipment or Service Providers Errors and Omissions Exclusion	LCU 21 60 11 10	LCU 21 60 11 10.pdf
Auto Coverages Exclusion	LCU 21 61 11 10	LCU 21 61 11 10.pdf
Services Furnished By Health Care Providers Exclusion	LCU 21 62 11 10	LCU 21 62 11 10.pdf
Invasive Medical Products Exclusion	LCU 21 63 11 10	LCU 21 63 11 10.pdf
Athletic or Sports Participants Exclusion	LCU 21 64 11 10	LCU 21 64 11 10.pdf
Internet Activities or Use Exclusion	LCU 21 65 11 10	LCU 21 65 11 10.pdf
Construction Loan and Lender Operations Exclusion	LCU 21 66 11 10	LCU 21 66 11 10.pdf
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Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

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1Aircraft or Watercraft Exclusion (Including Aircraft Exception)	LCU 24 03 11 10	LCU 24 03 11 10.pdf
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Product Name: Commercial Umbrella
Project Name/Number: Submission of New Commercial Umbrella Product/CM-UMF-CW-004-10

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Product Name: Commercial Umbrella
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Personal Liability Coverage Limitation	LCU 04 10 11 10	LCU 04 10 11 10.pdf
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Cross Claims for Named Insureds Exclusion	LCU 21 09 11 10	LCU 21 09 11 10.pdf
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New Hampshire Excess Uninsured Motorists Coverage Selection or Rejection Form	UU NH 02 11 10	<u>UU NH 02 11 10 - New Hampshire Selection-Rejection Form.pdf</u>

Supporting Document

(ex. Supporting Document Name Attachment Name)

Attachments

Filing Memorandum

CW Forms Inventory.pdf